

Unit 3

Role of General Duty Assistant for Inpatient Care

INTRODUCTION

Development of nursing care as a profession has references in the Indian history. Evidences suggest Lord Buddha took services of nuns for providing nursing care to patients. References of detailed qualities of a nurse in *Charaka Samhita*, *Astanga Hridaya* and *Sushrata Samhita* stand to explain the nobility of the profession. The pioneering efforts of Florence Nightingale were instrumental in the extensive development of nursing as a career.

Inpatient services provide for continuous care to patients, requiring at least an overnight stay in a hospital. A patient is referred for hospitalisation in case of emergencies, planned hospitalisation or ambulatory care (discharge on the same day). The roles of a General Duty Assistant, serving for inpatient facilities, include the following:

- planning and organising the unit
- nursing care
- assistance in housekeeping and sanitation
- transportation of patients and specimens
- participating in ward management, post-mortem care, etc.



Fig. 3.1 Inpatient ward reception counter

The services to be offered by the GDA may be medical, surgical, acute care, mental health treatment or invasive procedures. The duties of the GDA during hospitalisation include recording health-related information of a patient, shifting her/him to a room, aiding in personal care activities, ensuring basic comforts for stay, informing the nursing staff about the condition of the patient, cleaning the equipment, and above all, ensuring the patient's welfare till discharge. Hence, the GDA will function in many departments, for example, clinical, nursing, laboratory, dietary, laundry, housekeeping, sanitation, etc. The duties may vary according to the situation. The GDA plays a significant role in providing the right care to patients.

The sessions included in the unit explain the skills required by a GDA for performing related tasks. The tasks include providing support for personal care, identifying the vital signs, making bed for the patient and care for the body after death. These require the GDA to act in a way, considering the psychological needs of patients and their caretakers.

SESSION 1: ROLE OF GENERAL DUTY ASSISTANT DURING THE ADMISSION OF PATIENTS



Fig. 3.2 A GDA assisting in patient care at a hospital

In this session, you will learn about the procedures followed in a hospital from the time of admission till discharge. You are aware of the physical examination procedures performed and the role of a General Duty Assistant to assist in related activities. The GDA provides support to professionals working in the field of patient care. The GDA helps in managing the front office, handling emergency services, maintaining hygiene and also performs various other duties, which contribute to the better functioning of a hospital.

Admission of patients

Admission of a patient means arranging a stay in the hospital for observation, investigations and treatment



of the disease. The patient can either be admitted to a hospital for emergency or just routine check-up. Emergency admission means that the patient is admitted in acute conditions, requiring immediate treatment, e.g., patients with heart attack, accidents, acute appendicitis, poisoning, labour pain, diarrhoea, dysentery, hyperpyrexia, haematemesis, dyspnoea, shock, etc.

In emergency admissions, every moment is precious. Therefore, the patient must be admitted to the casualty department or emergency ward without any delay and the treatment must be initiated immediately to save her/his life. Routine admission means that the patient is admitted for investigations and planned treatments, e.g., patients with hypertension, diabetes, chronic appendicitis, jaundice, hernia, cirrhosis of liver, chronic renal failure, nephritis, bronchitis, etc.

Recording personal and medical data of patients

The clerk in the record section is responsible for recording certain data that are essential for the identification of a patient. The clerk may ask questions to the patient or her/his family members to get the name, address, age, gender, religion, occupation, income, marital status, address, telephone number and name and address of the nearest relative.

The information is recorded in the outpatient record. Patients, who are too ill to answer the questions, must be admitted immediately and the necessary information must be obtained from their family or friends present in the hospital.

In order to provide appropriate and adequate services, and to give immediate care, it is necessary to know the diagnosis or suspected diagnosis, the duration of illness and the name of the physician who has been referred to. This can be obtained by asking relevant questions to the patient. The patient is given an outpatient number, for future reference. Further necessary directions are given to proceed for consulting a doctor.



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Medical history and examination of patients

A detailed social and medical history of the patient is recorded by the physician. The patient's temperature, pulse, respiration and blood pressure are recorded. A thorough examination — from head-to-toe — will reveal deviation from normal structure and body functions, which will help the physician in the diagnosis of the disease. Necessary investigations, such as X-ray, laboratory test, etc., are also done to diagnose the disease and prescribe the treatment. Relatives or friends, who bring a patient to a hospital, often want to meet and talk to the physician for clarity on the health status of the patient. The GDA must make necessary arrangements for the patient's relatives and friends to meet the physician. Those suffering from mild sickness are sent home without admission. Others with major or chronic ailments are admitted to the hospital for further investigations and treatment. Patients, who are not very ill, are allowed to walk and are escorted to the clinical division by the GDA or an attendant.

Transporting patients

Moving an injured patient to and within the hospital must be performed with care. The hospital transportation system for patients is internal, external and various methods of triage. Internal transportation includes the use of trolleys, stretchers, lifts, escalators, etc., for transporting patients, equipment and other supplies, whereas, external transportation includes ambulances, relief vans, trains, or manual labourers, etc. Transportation is done to ensure that a victim reaches the hospital without deterioration in her/his condition. A severely injured or ill person must be immobilised unless there is a threat to his life. A critically ill patient must never be left with untrained personnel. A female patient must never be left alone with a male attendant.

Table 3.1: Triage during transportation

Category	What does this mean	What can you do
I	Highest priority for immediate help to people who need surgery	Help in evacuating and safely transporting a patient to a medical centre



GENERAL DUTY ASSISTANT – CLASS XI

II	Low priority to minor injury	Comfort the injured
III	Need for first aid so that patient waits safely till surgery	Give first aid and arrange for transportation

Triage in treatment (first aid and transportation)

Red tag (highest priority)

Severe breathing difficulty, cardiac arrest, burns involving respiratory tract, heart attack, poisoning, etc.



Green tag (second priority)

Severe burns, spinal injury, moderate haemorrhage, multiple fracture, head injuries

White tag (least priority)

Minor fracture, minor bleeding, moderate or minor burns

Fig. 3.3 Triage with a red tag

Transportation by stretcher

It is used for seriously ill or injured patients.

Types

- Farley stretcher (general stretcher)
- Trolley bed
- Neil Robertson stretcher (used for rescue purpose)
- Para guard stretcher (foldable from the top)
- Improvised stretcher
- Utile stretcher (foldable from the centre)
- Pale and canvas stretcher
- Scoop (orthopaedic) stretcher



Fig. 3.4 Scoop stretcher

Carrying a loaded stretcher

1. The head must be higher than the feet.
2. Load the feet first, except in the following situations:
 - when carrying a victim to the side or from bed
 - while going downhill, or when the victim's lower limbs are injured, or when there is hyposthenia
 - while loading the victim in an ambulance

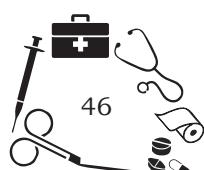


Reception of patient in a ward

A GDA must introduce oneself and greet the patients and their relatives, making efforts to establish a bond. The GDA's behaviour has to be such that a patient gains confidence and cooperates in the medical procedures to be performed. Since the first impression is likely to be vivid and is not easily erased, it is important that the patient and those who are with her/him receive attention and care in the outpatient department. The personnel in the admission department must greet the patient and make her/him comfortable. In emergency conditions, no time must be lost to initiate the treatment. The manner in which a nurse and a physician receive and treat a patient is the most important aspect of her/his reception and admission to a hospital.

A critically ill patient must be put to bed immediately. A patient, who is not very ill, can be taken for a round or two in the ward.

The GDA must introduce the patient to the nursing personnel working in the ward and make her/him aware of the facilities, including duty room, toilet and the unit prepared for her/him. After making the patient comfortable, the GDA must explain the hospital policies, procedures and routine to her/him and her/his relatives. Most hospitals provide a small booklet to all patients on admission. This booklet explains the hospital rules and policies. S/he must also inform the patient about the time for meals, doctor visits, prayer service, if any, and other hospital routine. The GDA needs to provide assistance to the patient's relatives in paying the hospital bills. Most hospitals have restrictions regarding the visiting and the number of people visiting a patient. The relatives may be permitted to stay in the hospital till the patient has been comfortably settled in the ward. However, many hospitals have a provision for the stay of an attendant or a caretaker. Diet pass or stay pass, if any, must be provided to the relatives and must be renewed timely. The GDA must explain to patients about the type of the diet to be taken and the time when the food can be brought to the hospital.



Preliminary observation of patients

The first few moments of a GDA's contact with a patient will acquaint her/him with the patient's health conditions, and the doctor and nursing staff attending to her/him. The patient's facial expressions depict not only the emotional reactions but the presence of pain or fatigue too. Decolouration of the skin, such as jaundice or cyanosis, facial paralysis, malnourishment, etc., can be observed without much difficulty. Continuous observations can be made while taking care of the patient.

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Helping patient to occupy bed

A closed bed needs to be converted into an open bed on the admission of a new patient. The patient brought in by a trolley must be transferred to the bed with assistance. Her/his temperature, pulse and respiration are recorded at the time of admission, and later, at regular intervals. The GDA must follow the doctor's guidance and instructions, which are to be followed immediately. Record the inpatient chart, date and time of admission of the patient, condition of the patient and the observations made.

How to reduce call light frequency?

The top three reasons patients use call lights are to:

- report pain or request for medication
- report unusual monitor noises
- request for daily needs, such as bathroom assistance or an extra blanket

An effective way to decrease call light frequency is to remove the reason for call lights in the first place. Hourly nursing rounds to ascertain and meet the needs of patients are an evidence-based strategy that reduce dependence on call lights. Specific actions are to be taken by a duty assistant, whether s/he is a nurse, certified nursing assistant, nurse's aide or nursing technician. Upon entering the patient's room, the duty assistant must introduce herself/himself, tell the patient that s/he is there to do rounds, and carry out the following tasks:

- assess the patient's pain level (if the patient is experiencing pain, the reporting nurse is contacted immediately);



NOTES

- put pain medication doses on the reporting nurse's list of scheduled items and remind when the dose is due;
- offer toilet assistance;
- assess the patient's position and ask if s/he is comfortable or needs to be repositioned;
- make sure that the call light is within the patient's reach;
- put the telephone within the patient's reach;
- put the TV remote control and bed light switch within the patient's reach;
- put the bedside table next to the bed;
- put tissue box and drinking water within the patient's reach;
- prior to leaving the room, s/he must ask the patient: "Is there anything I can do for you before I leave?"; and
- tell the patient that a member of the nursing staff will be back in the room in an hour for the round again.

Rounding

Rounding not only fulfils usual requests made via call lights but also demonstrates a nurse's availability to the patient and her/his readiness to meet the patient's needs.

Hourly rounding with specific nurse actions is proactive, allowing nurses to manage patient care and their own time efficiently. Hospitals adopting hourly rounds have reported a fall in medication errors concurrent with fewer work interruptions from call lights.

Rather than adding to the nurse's workload, rounding takes less time than answering call lights and dealing with repeated requests. Some units distribute the workload of hourly rounds by having nursing assistants or technicians. Rounds are reduced to every two hours during the night but continued hourly during the day.



Practical Exercise

Visit a nearby hospital and fill in the patient admission form as given below.

Patient admission form

Date:

1. Patient's name: _____
2. Gender: _____
3. Date of birth: _____
4. Patient's address: _____
5. Contact number: _____
6. Date of admission: _____
7. Time of admission: _____ a.m./p.m.
8. Casualty observed: _____
9. Referred by Dr. _____
10. Referred to Dr. _____
11. Is police intervention required? Yes/No
12. Room/ward type: _____
13. Room/ward number: _____
14. Admitted by stretcher/wheelchair: _____
15. Weight: _____ Height: _____
16. Temperature: _____ Pulse: _____
Blood Pressure: _____
17. Admitted by (name and contact No. of the person with patient) _____

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Check Your Progress

A. Fill in the Blanks

1. _____ of a patient means allowing her/him to stay in a hospital for observation, investigation and treatment of a disease.
2. _____ admission means a patient requires immediate treatment.
3. Patients, who are brought to a hospital by ambulance, are taken to the ward on a _____.
4. A female patient must never be left alone with a _____ attendant.



NOTES

5. _____ admission means that the patient is admitted for investigations and planned treatment and surgery.
6. After the completion of admission procedures, the General Duty Assistant must explain the hospital _____, _____ and routine to the patient and her/his relatives.

B. Multiple Choice Questions

1. How frequently should a GDA take rounds in order to reduce the frequency of call lights?
 - (a) 6 hourly
 - (b) 4 hourly
 - (c) 2 hourly
 - (d) Hourly
2. The main reason for patients to use call light frequently is _____.
 - (a) to report pain
 - (b) to report about unusual monitor noises
 - (c) to seek assistance in using toilets
 - (d) All of the above
3. The colour code for medical emergency transportation during cardiac arrest is _____.
 - (a) red
 - (b) white
 - (c) green
 - (d) None of the above

C. Short Answer Questions

1. Describe the responsibilities of a General Duty Assistant in admitting a patient in a hospital?
2. List the common medical examinations performed while admitting a patient,
3. What are the equipment needed for transporting a patient?

SESSION 2: ACTIVITIES OF PATIENT CARE

Activities of Daily Living (ADLs)

Activities of Daily Living in health care refer to self-care activities, which are to be performed by an individual routinely to maintain herself/himself (e.g. feeding, bathing, dressing, grooming, homemaking and leisure activities). Health professionals refer to the ability or inability to perform ADLs as an indicator of the functional status of a person, especially while referring to people with disabilities, younger children and the elderly.



GENERAL DUTY ASSISTANT – CLASS XI

General duty assistance in hospital

Patients need help to perform ADLs in many situations, like limitations to move their limbs, injuries, brain disorders, etc. A GDA may assist in doing the following self-care activities:

- bathing and showering (washing the body)
- bowel and bladder management related to incontinence (loss of bladder control)
- dressing
- eating (difficulty in chewing and swallowing food)
- feeding (setting up the meal plate and feeding it to a patient)
- functional mobility (moving from one place to another while performing activities)
- personal device care (like walkers, hearing aids, etc.)
- personal hygiene and grooming (including washing hair)
- toilet hygiene (completing the act of relieving oneself)

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Daily care plan of patients by GDA

A way of reducing the stress of a patient is to set a daily routine for her/him. This routine can be fine-tuned to ensure that the patient is comfortable. Necessary tasks are all fitted into this routine so that the patient's day is regular and s/he can get used to it.

The daily routine must be disrupted only when necessary. In addition to the daily routine, the environment around the patient needs to be relaxed and friendly. Also, the patient must have access to things needed to perform the daily activities easily. Things to keep the patient oriented about where s/he is, and what time of the day it is must be in place. Also, various other means of keeping the patient comfortable and relaxed must be in place, e.g., light dimmers, room temperature controllers, etc.

Helping tips

Bathing

- Patients often mistake the water temperature, and may end up bathing with very hot or very cold water, if not helped.



- Bathroom can be unsafe for patients, if left alone, so stay with them. Patients may feel uncomfortable in the presence of a caregiver inside the bathroom. Handing them a soap, and then, turning one's face away may give the patients a sense of privacy.
- A thin towel can be used to cover the private parts of a patient while the caregiver bathes her/him.
- A bath stool may be needed so that the patient can sit comfortably for a bath. Grab rails near the bath stool may also be needed.
- Be careful to dry the patient in the folds and areas between the toes.
- If bathing is difficult, reduce the frequency according to the weather and needs of personal hygiene.
- Use the bath time to check the patient for injuries and sores.



Fig. 3.5 Giving dental care to a patient

Dental care

- A patient may need help in brushing her/his teeth.
- Denture cleaning may be done by the caregiver and the GDA needs to assist the patient to put on and remove the dentures. Care must be taken while placing the dentures, else the patient might get mouth sores.

Grooming

- Patients may get cuts while shaving with an ordinary razor. Therefore, they must be given twin blade or electric razors. Caregivers may need to supervise the activity.
- Combing of hair is another activity that needs assistance.
- Fine coordination activities, like nail cutting and filing, also needs help.
- If a patient is unable to groom herself/himself, a caregiver needs to ensure that s/he is presentable at all times.



Dressing

- Clothing needs to be comfortable and easy to wear.
- When laying out clothes for a patient to wear, place them in the sequence in which they have to be worn.
- Ensure that the clothes are not too long to avoid tripping and falling. Replace a sari with a mid-length nightgown.
- Switch to clothes not having many zippers or buttons.
- Instead of choosing dress with strings, use dresses with elastic or Velcro straps.
- Use shoes with Velcro straps instead of those with laces.

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Toileting

- Incontinence occurs for reasons, like inability of a patient to reach the bathroom in time, forgetting its location, etc. Use sign boards to indicate the way to the bathroom, have nightlights and grab rails that the patient can use to reach the bathroom. Besides, the clothing of the patient must be such that can be taken off easily.
- Timed visits to the bathroom help reduce accidents.
- Be aware of the signs of constipation and dehydration in a patient and change her/his diet and water intake accordingly.
- If a patient shows signs of pain while passing urine or during bowel movements, consult a doctor.
- Accidental falls may occur in toilets. Therefore, it must be kept dry always.
- Grab rails or toilet seats with rails may make sitting on the toilet seat less frightening for a patient.
- Watch the patient to ensure proper wiping and washing of hands after using the toilet.
- For outside visits, diapers may be a good option. Patients will need assistance in wearing and removing diapers.

Eating

- Ensure that the patient is reminded of taking food by a caregiver if s/he is alone at home.



NOTES

- There is a time when eating with hand may become difficult and patients have to use spoons to eat. The meal must be such that it is easy to chew and eat. Fruits must be cut into smaller pieces.
- Patients may not be able to mix the food while eating. Therefore, caregivers may need to mix the food or make combined dishes, like *pulao*, *khichdi*, *bisibele bhat* and curd rice.
- In some cases, chewing becomes a problem. So, the food may need to be made in a semi-liquid form.
- Consult doctors about diet supplements, like calcium and vitamins, and also find out if the patient needs to take a serving of balanced diet.

General instructions for GDA in feeding patients

- The diet for every patient in a hospital must be planned according to her/his needs, metabolic changes, food habits and socio-economic status.
- Wash the patient's hands or ask her/him to wash one's hands and face before and after meals. Give time for mouth care.
- Ask the patient if s/he would like to use the bathroom or bed pan before eating.
- Food and water must be served at the correct temperature as per the safety standards.
- Create a pleasant environment for the patient before serving the food. The patient's room must be well-ventilated during meals.
- The patient must not be disturbed by treatments, dressings, visitors and doctor rounds during the meal time.
- Dressings, treatments and measurement of vital parameters may be avoided or finished at least one hour before the meal is served.
- Strong emotions of fear, worry, anger, depression, homesickness, pain, etc., interfere with digestion by inhibiting the flow of saliva, gastric and intestinal juices. Eating must be postponed till the patient's strong emotion of excitement subsides.
- The patient must be placed in a comfortable position in bed or out of bed before s/he starts eating.



- Ensure that bed-ridden patients are able to see the food or must be told what has been served to them. Patients on tube feeding may be given a chance to taste the food so as to arouse their appetite and for their satisfaction.
- Physical exhaustion can be relieved by allowing rest before meals to patients.
- Meals must be served in clean and covered utensils.
- Care must be taken to prevent the transmission of diseases through food and water.
- Remember that a sick person has a poor appetite. Small and frequent meals are recommended. Never force a patient to have food.
- Patients must be given small morsels of food so that it is easy to chew. Fruits and salad must be cut into small pieces and the patients must be served one piece at a time.
- The patient must be given enough time to taste and chew the food. Never hurry the patient.
- Each patient's fluid requirement must be met to prevent dehydration. Fluids are given at the end of a meal or between meals.
- Keep the patient in sitting position for at least 30 minutes after the meal so s/he does not choke.
- The GDA must report to the dietitian if a patient is unable to finish the food served, or vomits after eating, or has an allergy after eating so that appropriate and timely action can be taken. The GDA must also record and report the quantity of food the patient has eaten.

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Drinking water

- Sometimes, patients reduce their water intake to avoid urinal pressure. They may also forget to drink water.
- Caregivers need to ensure that patients drink enough water.
- Doctors may also ask a patient to include electrolyte drinks in her/his daily routine, if s/he shows an electrolyte imbalance.



Taking medication

- Initially, patients may find it difficult to keep a track of their medicines. Using small labeled boxes for medicines can help.
- Forgetting to take medicines is a common problem in patients. Therefore, caregivers must remind and help patients to take medicines.
- A doctor must be consulted if the patient finds it difficult to chew or swallow food.

Practical Exercise

Prepare a daily care plan for patients with right-sided hemiplegia (partial paralysis of the body that can affect arms, legs and facial muscles). How can you help a patient with all the needed ADLs?

Activity

Describe the daily care plan for an infant or an elderly person in your locality.

Check Your Progress

A. Fill in the Blanks

- _____ is a term used in health care to refer to daily self-care activities.
- ADL is an indication of _____ status of a person.

B. Multiple Choice Questions

- Daily care activities of a patient that need an assistant include _____.
(a) bathing and showering
(b) bowel and bladder management
(c) dressing
(d) All of the above
- The environment around a patient needs to be _____.
(a) hostile
(b) relaxed and friendly
(c) suspicious
(d) All of the above
- Is personal grooming of a patient an essential indicator of health?
(a) Yes
(b) No



- (c) Do Not know
(d) Not at all
- Measures that need to be adopted while assisting a patient during toileting includes _____.
 - watch out for accidents
 - report incontinence
 - provide grab rails and toilet seats
 - All of the above
 - Supervising a patient while taking medicines prevent _____.
 - over dosage
 - forgetfulness in taking medicines
 - the patient from taking the exact dosage
 - Both a and b

C. Short Answer Questions

- List any five daily activities of a patient
- What basic care is to be provided to a patient while feeding her/him.

SESSION 3: BED MAKING FOR THE PATIENT

In this session, you will learn how to make bed for patients. Every patient likes to have basic items for sleep, like mattress, pillow, etc. Bed making is a procedure adopted for making beds using scientific principles of nursing to provide the maximum comfort to patients.

Bed making

The needs for making bed are as follows:

- ensure comfort and rest to patients
- give the ward a neat appearance
- promote cleanliness
- to meet the emergency needs of a patient
- efficiently manage time, material and effort
- check for bedsores, oral hygiene and a patient's ability of self-care
- teach the relatives of the patient to care for the sick at home



Fig. 3.6 A neat hospital bed

Principles involved in bed making

- Microorganisms are found everywhere in the environment, especially in places, like hospitals and dispensaries. Care must be taken to reduce



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the transfer of microorganisms from one source to another and prevent their multiplication.

- A safe bed will prevent several complications in bedridden patients, e.g., bedsores, foot drop, etc.
- Good body mechanism maintains body alignment and prevents fatigue.
- Systematic ways of bed making saves time, energy and material.

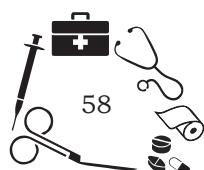
General instructions for bed making

- A GDA must wash her/his hands before and after carrying out a procedure.
- Take permission from a patient before changing the bed linen.
- Avoid changing the patient's position a number of times.
- The patient's face must not be covered while placing the linen on the bed.
- Keep the clean linen separately from soiled linen.
- Never place a woollen blanket near the patient, except the bath blanket. Never allow her/him to lie down on the mackintosh without lining.
- Shake the linen gently before placing it on the bed.
- The linen must not touch your body or uniform.
- Make the bed firm, smooth and unwrinkled.
- Practise proper utilisation of time, energy and material.
- Ensure that the patient does not fall while making the bed for her/him. The side rails of a cot prevent the patient from falling.
- Keep distance from the face of the patient while making the bed to prevent cross-infection.
- Inspect the cot, mattress and pillow frequently for the presence of pests. Destroy the pests immediately, if found.

Preparation

The articles that need to be made available in a patient's unit are:

- cot
- mattress and pillow
- chair or stool



- bedside table or locker
- mackintosh
- blanket

Things needed for changing linen are:

- bed cover
- two sheets (bottom and top sheets)
- draw sheet
- pillow case
- counterpane

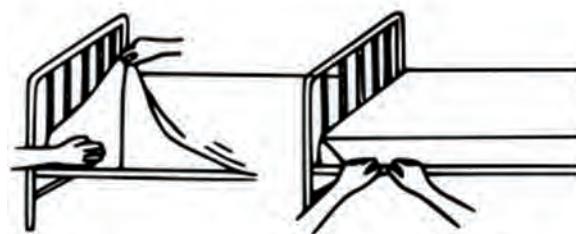


Fig. 3.7 Bed making procedure

Additional articles needed	Purpose
Laundry bag	To discard used sheets and send the soiled linen to the laundry
Dusters	One dry duster to dust the mattress and sheets, and one damp duster to dust the furniture
A bowl with an antiseptic lotion	To carbolise furniture in a room

Types of bed

- Open bed
- Closed bed
- Admission bed
- Occupied bed
- Cardiac bed
- Fracture bed
- Amputation bed
- Blanket bed



Fig. 3.8 Bed positions

Preparation of patient and the unit

- Explain the procedure to the patient to win her/his cooperation and confidence.
- Explain how s/he can assist.
- Screen the patient to provide privacy during dressing, changing of dress and sponge bath.
- Before making the bed, move the furniture away from the bed and move the bed away from wall.
- Lower the backrest, if any.
- Place a chair at the foot end of the bed and place a clean linen on it in the reverse order of use.
- Place the laundry bag within the patient's reach.



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Stripping and remaking an open bed

- Wash hands
- Remove the pillow and place it on a chair.
- Remove the top linen.
 - Loosen the top linen starting from head end and proceed towards the foot end.
 - Remove the sheets one-by-one by folding them into one. Bring the lower third over the middle third and fold the upper third over the lower third. Fold at the centre towards you, so that it falls in six. Shake it gently, and place it over the back of the chair if it is to be reused or put it in a laundry bag.
 - Remove the bedspread, blanket and top sheet separately, holding the open end towards the floor.
- Fold the draw sheet (small bed sheet placed in the centre of the bed that covers upper back and thighs).
- Bring the opposite end of the bed sheet to the middle of the bed and the near end over it, and thus, fold them into three. Place it over the chair.
- Roll the mackintosh and place it on the chair.
- Remove the bottom sheet by folding it into six parts.
- Soiled mattress cover must be removed as soon as possible.
- Change the position of the mattress every 15 days.
- The mattress is dried with a dry duster.
- Use an antiseptic lotion to clean the furniture. Dust the clean areas first, and then, the less clean ones.
- Pull the mattress to the top. Put on the mattress cover. If it is loose on the mattress, the excess can be tucked under the mattress.
- Prepare the base of the bed to a side.
 - When placing the linen on the bed and when tucking it under the mattress, face in the direction of work (patient) and move with work rather than twisting the body and over reaching.
 - While tucking the linen, separate the feet slightly apart (one leg forward and the other backward) and flex the knees instead of the back.



- ❑ Accomplish the task with each movement, e.g., when placing the bottom sheet on the bed, begin at the foot end, smooth to the head end, tuck the head end under the mattress, roll the corner and tuck under the side of the mattress as you turn to the foot of the bed.
- ❑ Place the bottom sheet on the centre of the mattress, making sure that the central longitudinal crease is in the longitudinal axis of the bed. Unfold it and spread it straight over the mattress, allowing 30–37 cm to tuck under the top of the mattress and leaving just enough at the foot end to tuck in.
- ❑ Place the mackintosh approximately 37 cm from the head end and tuck it along the side.
- ❑ Keep the draw sheet over the mackintosh, keeping it about 25 cm from the top of the mattress.
- Return to the side of the bed first made. Place the top sheet with the wrong side out. Unfold it with the top edge even with the top of the mattress.
- Spread the blanket over the top sheet 15–20 cm below from the top of the mattress.
- If a bedspread is used, place it over the blanket with the outer side out.
- Make the head end of the linen. Cuff the bedspread under the blanket, and then, bring the top sheet over the spread as second cuff. Make sure that it reaches up to the patient's chin.
- Tuck at the foot end altogether or separately and make mitred corners, allowing the sides to hang free or tucked as per the hospital policy.
- Put the pillow cover on the pillow and place the pillow at the head end. While putting on the pillow cover, the pillow must not touch the GDA's uniform.

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After care of the patient

- Help a patient to get into the bed. One corner of the top linen is folded back to let the patient in. Cover her/him with the top linen.
- Comfort devices, if any, used by the patient must be taken care of.



NOTES

- See to it that the entire unit is neat and clean before you leave the unit. Ensure the following:
 - ❑ Beds in a general ward must be arranged in a straight line.
 - ❑ Bedpans, urinals, sputum cups, kidney trays, etc., lying in the patient's unit are taken away, cleaned and put back in their respective places.
 - ❑ The windows and doors are dusted.
 - ❑ The cupboards are dusted and the articles are arranged in order and according to the patient's use.
 - ❑ The water flasks are washed and filled with clean drinking water.
- Send the laundry bag with soiled linen to the laundry. If stains are present on the sheets, remove them by using appropriate methods before sending them to the laundry department.
- If there are any blankets, put them in sunlight and disinfect them before they are stored in the cupboard.
- The duster is soaked in an antiseptic lotion to disinfect it. Rinse it with clean water and put it to dry.
- Record the observations made on the patient.

GDA's responsibility in bed making

- Check the prescription or patient chart for any specific requirement regarding the movement and positioning of the patient.
- Assess if the patient can perform self-care activities.
- Check if there are adequate furniture and linen for the patient's unit.
- Assess the requirement for the number of clean linen and other bed articles, such as blankets, backrest, etc., needed for the comfort of the patient.
- Change the linen.

Practical Exercise

Visit a nearby hospital and see the various comfort devices used. Record the procedure adopted for bed making in the hospital.

Activity

Practice making bed in various comfortable styles.



Check Your Progress

NOTES

A. Multiple Choice Questions

1. The purpose of bed making is to _____.
 - (a) enhance luxury
 - (b) increase money generation
 - (c) improve the comfort of a patient, hygiene and neat appearance
 - (d) All of the above
2. The basic principle to be considered while making bed is to _____.
 - (a) prevent sources for microorganisms
 - (b) provide a safe and comfortable bed
 - (c) good body mechanism
 - (d) All of the above
3. The articles needed for complete change of linen are _____.
 - (a) mattress cover and two sheets
 - (b) draw sheet and pillow cover
 - (c) counterpane
 - (d) All of the above

B. Short Answer Questions

1. What is the purpose of bed making?
2. What are the different types of bed?
3. Describe the responsibility of a General Duty Assistant in bed making.
4. Enumerate the steps involved in making an open bed.

SESSION 4: TRANSPORTATION OF SPECIMENS

Importance of transportation of specimens

A specimen may, generally, comprise blood, urine or tissue sample that is tested to make a diagnosis. A number of specimens are collected in one place and transported to another for diagnosis. The specimen needs to be transported to a lab as soon as possible. In case of a delay, the cells in the sample may get contaminated, leading to incorrect diagnosis. Therefore, continuous effort must be made in order to ensure timely transportation of clinical specimens. The cooperation of nursing staff and others concerned with specimen collection, storage and transportation is required.



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As a General Duty Assistant, your role is to assist the nurse or doctor while the sample is being collected, labeled and ensure that it is delivered to the lab in time.

Procedure to transport specimens

Some of the procedures that must be followed for the transportation of specimens are mentioned below. These apply in hospitals and laboratories, as well as, in case of a reference laboratory.

- Once a sample is collected, store it as per the standard procedures.
- The primary container must be closed tightly, labeled and placed in a plastic bag. A 'bio hazard' label must be affixed on the specimen. 'Bio hazard' label indicates a potential danger if the content gets leaked or is opened without protection.
- Seal the plastic bag using a tape or heat sealer. Pins, staples and metal clips must not be used. A separate bag must be used to store each specimen.
- Each specimen must be placed in a leak-proof secondary container with sufficient absorbent material so as to absorb the content in case of a leakage. The secondary container must be disinfected externally.
- It is the GDA's responsibility to ensure the correct designation, packaging, labeling and documentation of all infectious substances and diagnostic specimens.
- Efficient transportation of infectious material requires coordination between the nurse, GDA and lab technician (receiving laboratory). They must ensure that the material is transported safely and arrives on time. Clear and effective communication is important for such coordination between the three parties.

Importance of labelling

Labelling a specimen is an important step. The following are the importance of labelling:

- A specimen container and request form must describe the nature of the specimen, source and the patient's full information. It allows the laboratory staff to identify the source quickly in case the specimen and form get separated.



- An additional 'Danger of Infection' label and request form for known or suspected high-risk pathogens must be attached to the specimen.
- If staff do not have access to such labels, then the forms and specimens must be clearly identified as 'bio-hazard' (the staff may wish to write in red or use a highlighter pen to indicate so).
- If the specimen has a 'bio-hazard' label, then it is given a special packaging while being transported by rail, ship or air. The package must be certified as per the laboratory standards and carry appropriate certification numbers on the tertiary packaging (outermost packaging) along with the following information:
 - bio-hazard danger or infection symbol
 - instructions of not to be opened, if found
 - labelling plays an important role in the transportation of a sample to a lab and helps in ensuring the timely delivery of the sample

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Practical Exercise

Activity

Discuss in class the importance of labelling a specimen.

Check Your Progress

A. Multiple Choice Questions

1. What is the role of a General Duty Assistant in transporting a specimen?
 - (a) Collecting the specimen
 - (b) Packaging the specimen
 - (c) Labelling the specimen
 - (d) None of the above
2. In case, a specimen is infectious in nature, then what precaution must be taken?
 - (a) Label saying 'Danger of Infection' must be affixed to the specimen package
 - (b) The packaging must be certified and carry the certification number
 - (c) Instruction saying 'Not to be opened if found' must be affixed to the specimen package
 - (d) None of the above



B. Short Answer Questions

1. Mention the procedures to be followed while transporting specimens.
2. Write a short note on the importance of labelling.

SESSION 5: CARE OF THE BODY AFTER DEATH

Once a person has been declared dead, the body is prepared for the last rites. Caring for a body after death involves the following:

- making the body, especially the face, look as natural as possible
- checking for body discharge to prevent soiling and protecting other patients in the room from viewing unpleasant sights
- handing over the body safely to the mortuary in-charge with a complete death notification form
- keeping all records of the patient with duplicate death notification forms ready and safe for the record section to avoid legal complications

The signs of clinical death are as follows:

- absence of pulse, heartbeat and respiration
- pupils of the eye become fixed and non-reactive to light
- absence of reflexes
- setting of rigor mortis (stiffening of the body after death due to the fixation of muscles) within few hours

Articles required for caring for a dead body

The articles required for caring for a dead body are:

- articles for bed bath and hair care
- a clean bed sheet
- adhesive tape (one roll) and scissors
- mouth gag or tongue depressors
- perineal pads or diaper
- patient's clothes
- cotton pads and bandage
- big body size double layered polythene bag
- personal protective equipment



Procedure for care of a body after death

The steps for caring for a dead body are as follows:

- Ascertain that the death is declared and certified by a doctor on duty. Ensure that the necessary forms are filled and signed by the officer or doctor concerned.
- Close the eyes of the dead immediately. Straighten the arms laid on the bed side and the legs too. Any dentures that have been removed are to be replaced and the mouth is to be closed. Support the chin with a jaw bandage. The head is kept elevated on a pillow.
- Keep the body in a normal position. Necessary care must be taken before rigor mortis develops.
- The body must be sent to the mortuary four hours after the death by a bed lift. Enter the death records in the dispatch book, report book and treatment book.
- The body must be treated with respect.
- Remove all equipment used for the patient, i.e., Ryle's tubes, urinary catheter, oxygen catheter, and comfort items, such as blankets, drainage tubes and soiled dressings. Adhesive marks are also to be removed.
- Remove all ornaments from the dead body. List the ornaments and hand them over to a relative, and obtain a receipt for the delivery of the same. Any other belongings of the patient, entrusted at the time of admission, must also be checked and handed over to the relative.
- The body is bathed, hair is combed and the person is dressed in clean clothes. Pack the vagina, rectum and nose with gauze or cotton. A perineal pad and diaper is also placed to prevent the discharge of urine or stool.
- Place three identification labels — first on the left wrist, on the chest and over the packed body with details, such as name, gender, age, and address of the patient, patient record number, ward number, bed number, diagnosis, her/his cause of death, and date and time of death.
- Place the deceased's hands over the chest, and tie the thumbs and wrists together.

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- Tie the toe and ankles together.
- Place a clean bed sheet under the body. Fold the top of the sheet over the face and shoulders.
- Hold the bottom of the sheet over the feet, and then, cover the body by folding it from the sides and fix it with tapes and bandages.
- Place the third identification tag over the sheet. Cover it with another clean sheet.
- In medico-legal cases, the authorities concerned (CMO) must be notified and one extra death certificate is prepared by the doctor and sent to the mortuary or police inspector on duty.
- Ensure that all dues are cleared. Send one copy of the death certificate to the mortuary, one to the admission office and one with a patient case sheet (medical history).
- After the body is removed from the ward, the unit must be treated as one after the discharge of a patient, i.e., fumigation, carbolisation, disinfection, etc., must be carried out.
- Make a detailed written record of all activities of the patient noted in the nurse's report book. Record the time when the respiration stopped and death was declared in red ink. Complete the case sheets and make an entry in the dispatch book.

Points to remember

- If relatives want to care for the body, allow them to do so. Be kind, courteous and helpful.
- The body must be transferred from the ward to the mortuary with care four hours after the death.
- No dead body should be handed over to relatives directly from wards.
- Inform the relatives that:
 - ❑ the body can stay in the mortuary for 48 hours, after which it will be disposed off.
 - ❑ arrangements for bathing the body are provided in the mortuary.
 - ❑ funeral van can be arranged through the enquiry office on payment.
 - ❑ death certificate can be obtained from the medical record section on a written request.



Practical Exercise

Visit a nearby hospital and seek permission to observe how a person is cared for after death.

NOTES

Check Your Progress

A. Multiple Choice Questions

1. Death can be confirmed when there is cessation of _____.
(a) brain function only
(b) heart and lung function only
(c) kidney function only
(d) all body functions
2. While providing care to a terminally-ill patient, which of the following would be beneficial to support the patient's spiritual needs?
(a) Do nothing
(b) Ignore them
(c) Being too emotional
(d) Provide support, compassion and love
3. For how many hours can a dead body remain in a mortuary?
(a) 24 hours
(b) 48 hours
(c) 52 hours
(d) 72 hours
4. After death, ask relatives of the deceased to collect the _____ certificate from the authorities.
(a) birth
(b) hospital
(c) death
(d) None of the above

B. Short Answer Questions

1. Enlist the articles needed for dead body care.
2. What are the signs of clinical death?
3. Mention the basic steps for dead body care.

Reference

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ROLE OF GENERAL DUTY ASSISTANT FOR INPATIENT CARE

